

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$71.00 for date of service 05/20/02.
- b. The request was received on 08/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Per the TWCC Resolution Information System Case Activity Log dated 09/05/02, Insurance Carrier response was not received. Signature page created and signed for on 09-26-02. Insurance carrier response was due 10-10-02. Requestor did not respond to the MR116 letter for additional information. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 09/18/02

"...We disagree with these determinations about the report dated 5-20-02. If you refer to the report you will see that ___ examined the patient's electrophysiologic studies of 5-7-02, cervical myelogram, and lumbar myelogram dated 5-8-02 and made a medical decision in regards to her condition based on this examination. That is easily meeting the requirement of a 'moderate' appointment."
2. Respondent: No response found in the case file.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 05/20/02.
2. The explanation listed on the EOB is, "N-DOCUMENTATION DOES NOT JUSTIFY LEVEL OF SERVICE. RESUBMIT USING[sic] CODE FOR APPROPRIATE LOWER LEVEL OF SERVICE."
3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT or Revenue CODE | BILLED | PAID | EOB Denial Code(s) | MARS (Maximum Allowable Reimbursement) | REFERENCE | RATIONALE: |
|---------------|---------------------|---------|--------|--------------------|--|-----------------------------------|--|
| 05/20/02 | 99214 | \$71.00 | \$0.00 | N | \$71.00 | MFG E/M (IV)(C)(2) CPT descriptor | "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity." The medical documentation submitted for the office visit in dispute, indicates that all three key components were met or exceeded per the MFG. Therefore, reimbursement is recommended in the amount of \$71.00. |
| Totals | | \$71.00 | \$0.00 | | | | The Requestor is entitled to reimbursement in the amount of \$71.00. |

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$71.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 14th day of January 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb